

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Fresenius Medical Care North America PAC

ADDRESS (number and street) ▼

801 Pennsylvania Avenue, NW

Suite 255

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00401299

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
08 01 2016

through

M M M / D D D / Y Y Y Y Y Y
08 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eric P Bishop

Signature of Treasurer

Eric P Bishop

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 07 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 08 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y 08 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		97377.57
(b) Cash on Hand at Beginning of Reporting Period.....	49987.43	
(c) Total Receipts (from Line 19)	6952.37	105527.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	56939.80	202904.70
7. Total Disbursements (from Line 31)	10036.00	156000.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	46903.80	46903.80
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5737.36	76101.97
(ii) Unitemized	1215.01	26176.26
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6952.37	102278.23
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6952.37	102278.23
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	273.90
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	2975.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6952.37	105527.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6952.37	105527.13

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	36.00	525.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	36.00	525.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	152500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	2975.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10036.00	156000.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10036.00	156000.90

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6952.37	102278.23
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6952.37	102278.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	36.00	525.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	273.90
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	36.00	252.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Mark R Fawcett

Mailing Address Headquarters

920 Winter Street

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	6

Transaction ID : AEC1B7804FACB441691F

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

B. Patrick L McCarthy

Mailing Address 82 Belcher Drive

City

Sudbury

State

MA

Zip Code

01776-1247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Sales & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2160.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	6

Transaction ID : AE5985B0F329E483C97F

Amount of Each Receipt this Period

240.00

☐ Memo Item

Payroll Deduction: \$120.00/

Full Name (Last, First, Middle Initial)

C. Joseph P Winslow

Mailing Address 1 Cardinal Circle

City

Nashua

State

NH

Zip Code

03063-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Quality Systems & Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	6

Transaction ID : AFB0BE072BF8F48A4BE1

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll Deduction: \$40.00/

SUBTOTAL of Receipts This Page (optional).....▶

358.46

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Christopher D Fonvielle

Mailing Address 6750 Mt. Vernon Dr.

City

Melrose

State

FL

Zip Code

32666-8967

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

08 / 27 / 2016

Transaction ID : AF2352BE36F344CD6A75

Amount of Each Receipt this Period

24.00

☐ Memo Item

Payroll Deduction: \$12.00/

Full Name (Last, First, Middle Initial)

B. Mary M Macaluso

Mailing Address 103 Carnoustie Circle

City

Anderson

State

SC

Zip Code

29621-7660

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Home Therapy Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

08 / 13 / 2016

Transaction ID : A88BC678B6EF54282836

Amount of Each Receipt this Period

-10.00

☐ Memo Item

Payroll Deduction: \$-5.00/

Full Name (Last, First, Middle Initial)

C. James Easterbrook

Mailing Address 4646 North Greenview Avenue Apt 10

City

Chicago

State

IL

Zip Code

60640-7014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 27 / 2016

Transaction ID : A05B48FC4E9FC4898B2C

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

44.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. William F Fink

Mailing Address 80 Daniels Ln

City	State	Zip Code
Carlisle	MA	01741-1055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP, ITG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	7		2	0	1	6		

Transaction ID : A5E8BC4CF8CC347AFBF8

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/

Full Name (Last, First, Middle Initial)

B. Geronia F ParlierMailing Address 6100 Dutchmans Lane
Kaden Tower 8th Floor

City	State	Zip Code
Louisville	KY	40205-3384

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP UltraCare Customer Connection

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	7		2	0	1	6		

Transaction ID : A4BC8C3B62A7A45A7912

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

C. Robert D Crick

Mailing Address 4307 Twillingate Lane

City	State	Zip Code
Louisville	KY	40241-1151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	7		2	0	1	6		

Transaction ID : AD26C62DD01814A8CAEF

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

SUBTOTAL of Receipts This Page (optional)..... ▶

176.92

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Steven P Covino

Mailing Address Headquarters

920 Winter Street

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.44

Date of Receipt

08 / 27 / 2016

Transaction ID : A7E1306BD67754ABDA42

Amount of Each Receipt this Period

96.16

☐ Memo Item

Payroll Deduction: \$48.08/

Full Name (Last, First, Middle Initial)

B. Andrew C Holstein

Mailing Address 803 Hallowell Drive

City

West Chester

State

PA

Zip Code

19382-5242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

08 / 27 / 2016

Transaction ID : A95E74B68F6B441C7BCF

Amount of Each Receipt this Period

35.00

☐ Memo Item

Payroll Deduction: \$17.50/

Full Name (Last, First, Middle Initial)

c. Robert Charles Sepucha

Mailing Address Headquarters

920 Winter Street

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

08 / 27 / 2016

Transaction ID : AE4A09F0F31EF478AB5A

Amount of Each Receipt this Period

384.62

☐ Memo Item

Payroll Deduction: \$192.31/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

515.78

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Paul M Zabetakis

Mailing Address 7019 SE Harbor Circle

City
StuartState
FLZip Code
34996-1923FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President, RRI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	6

Transaction ID : A84F595E829E744E0AF2

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

B. William M CrawfordMailing Address 6640 Akers Mill Rd
Apt. 2403City
AtlantaState
GAZip Code
30339-2714FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	6

Transaction ID : AC5D22FF126E345F4AE4

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

C. Jeffrey Hymes

Mailing Address 120 Belle Mead Blvd

City
NashvilleState
TNZip Code
37205-3416FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	6

Transaction ID : A1E2FBBFCD59548F2AAF

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/

SUBTOTAL of Receipts This Page (optional)..... ►

315.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Nancy Dianne Carter

Mailing Address 1607 Revella Arch

City State Zip Code
 Chesapeake VA 23322-6991

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Physician Contracting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 27 / 2016

Transaction ID : ACD703332321A412EB4D

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/

Full Name (Last, First, Middle Initial)

B. Manikandan Pandi

Mailing Address 15 Grist Mill Road

City State Zip Code
 Acton MA 01720-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

08 / 27 / 2016

Transaction ID : AF6EC6F20A60D476AAA7

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

C. Sandra M Geraci

Mailing Address 262 Berenger Walk

City State Zip Code
 Royal Palm Beach FL 33414-4346

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

08 / 27 / 2016

Transaction ID : A7491FB7BF5D74A59A86

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll Deduction: \$40.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

168.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Anthony L Hayes

Mailing Address 100 Galleria Parkway
Suite 1200

City Atlanta State GA Zip Code 30339-5954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.00

Date of Receipt

08 / 27 / 2016

Transaction ID : A07FFC9E8AD874D7A803

Amount of Each Receipt this Period

62.00

☐ Memo Item

Payroll Deduction: \$31.00/

Full Name (Last, First, Middle Initial)

B. Christopher P Smith

Mailing Address 1373 N McKenna Ln

City Gilbert State AZ Zip Code 85233-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.20

Date of Receipt

08 / 27 / 2016

Transaction ID : A6C60AFA34EB5479DB55

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

C. Judith E Moran

Mailing Address 165 Passaic Ave
Suite 300

City Fairfield State NJ Zip Code 07004-3592

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

08 / 27 / 2016

Transaction ID : AAD477CC8D2F747579F6

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey S Perritano

Mailing Address 15238 Redbird Manor

City

San Antonio

State

TX

Zip Code

78253-5543

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2016
Transaction ID : A638BE64A0DD4478B947

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/

Full Name (Last, First, Middle Initial)

B. Joseph H Johnston

Mailing Address 4333 Meridian Blvd

City

Warrington

State

PA

Zip Code

18976-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr VP of Biomedical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2016
Transaction ID : AB09565B72B884DA5A50

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/

Full Name (Last, First, Middle Initial)

C. Deborah A HarveyMailing Address 100 Galleria Parkway
Suite 1200

City

Atlanta

State

GA

Zip Code

30339-5954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2016
Transaction ID : A88210B0E36394CB8AFE

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction: \$150.00/

SUBTOTAL of Receipts This Page (optional)..... ►

380.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Mary Jo Davis

Mailing Address 521 S Lewis

City State Zip Code
Lombard IL 60148-2938

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 27 2016

Transaction ID : AF8820A713E714CB49D8

Amount of Each Receipt this Period

24.00

☐ Memo Item

Payroll Deduction: \$12.00/

Full Name (Last, First, Middle Initial)

B. David Cariello

Mailing Address 300 Three Islands Blvd
Unit # 509

City State Zip Code
Hallandale Beach FL 33009-2819

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP of Real Estate & Construction Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 27 2016

Transaction ID : AC1F2910FD5BF4A408BE

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

C. Kimberly Lynn Sonnen

Mailing Address 5251 DTC Parkway
One DTC Suite 500

City State Zip Code
Greenwood Village CO 80111-2799

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Marketing & Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 27 2016

Transaction ID : AE17529B47AFA4758A77

Amount of Each Receipt this Period

260.00

☐ Memo Item

Payroll Deduction: \$130.00/

SUBTOTAL of Receipts This Page (optional)..... ►

360.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Erma S Hall

Mailing Address 4425 Utica Street

City State Zip Code
Metairie LA 70006-6530

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 27 2016

Transaction ID : A8AF212981508415ABAC

Amount of Each Receipt this Period

76.00

☐ Memo Item

Payroll Deduction: \$38.00/

Full Name (Last, First, Middle Initial)

B. Michael Jon Asselta

Mailing Address 2600 Bel Air

City State Zip Code
Flower Mound TX 75022-4523

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP, Operational Excellence

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 27 2016

Transaction ID : AAC969144BBB94F4D862

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

C. Michael S Buck

Mailing Address 2401 Lilyfield Drive

City State Zip Code
Trophy Club TX 76262-3415

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr. Director, Performance Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 27 2016

Transaction ID : A9526F829684C45239FF

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$10.00/

SUBTOTAL of Receipts This Page (optional).....▶

134.46

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Mignon B Early

Mailing Address 109 Bennington Way

City State Zip Code
Greer SC 29650-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

08 / 27 / 2016

Transaction ID : ACA7E1195584F4E53A51

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/

Full Name (Last, First, Middle Initial)

B. Terry L Ketchersid

Mailing Address 2751 North Main St.

City State Zip Code
South Boston VA 24592-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 27 / 2016

Transaction ID : A8762C9443E47463EB29

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/

Full Name (Last, First, Middle Initial)

C. James R Pearce

Mailing Address 525 Sycamore Drive

City State Zip Code
Milpitas CA 95035-7429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RQM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 27 / 2016

Transaction ID : A038D3B62E44B4EFBA6E

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

290.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Joseph J Ruma

Mailing Address 15 Blueberry Hill Rd

City

Andover

State

MA

Zip Code

01810-5001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Development Acquisitions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

08 / 27 / 2016

Transaction ID : AA1C7839282A442F3BF5

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/

Full Name (Last, First, Middle Initial)

B. David R Gillon

Mailing Address 2113 Jarrod Place

City

Smyrna

State

GA

Zip Code

30080-5685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director Market Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

08 / 27 / 2016

Transaction ID : A0BFA670B8C3C44D3A4D

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

C. Wendy L Schrag

Mailing Address 1527 Westborough

City

Newton

State

KS

Zip Code

67114-1479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, Advocacy & Gov Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 27 / 2016

Transaction ID : ACEACC261DE8F49339CB

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

128.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Julia Brennan

Mailing Address 5968 Ohara Landing

City State Zip Code
 Burke VA 22015-2510

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Business Relations Spectra Labs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 27 2016

Transaction ID : AB469316B67BB4BE29A9

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

B. Allen P Mills

Mailing Address 550 South Caldwell St
Suite 920

City State Zip Code
 Charlotte NC 28202-2633

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 27 2016

Transaction ID : A2D887AC8A3D44E2A9D8

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

c. Monica A Cobb

Mailing Address 175 Pamela Drive

City State Zip Code
 Swansea MA 02777-4244

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 27 2016

Transaction ID : A2CD6BA43283045F795C

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

SUBTOTAL of Receipts This Page (optional)..... ►

155.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Donna J McCarthyMailing Address 5251 DTC Parkway
One DTC Suite 500

City	State	Zip Code
Greenwood Village	CO	80111-2799

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2076.84

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y = Y
08	/	27	/	2016

Transaction ID : A2E64B60B20FC45B6B11

Amount of Each Receipt this Period

230.76

☐ Memo Item

Payroll Deduction: \$115.38/

Full Name (Last, First, Middle Initial)

B. Lisa Dombro

Mailing Address 927 Prairie Ave

City	State	Zip Code
Park Ridge	IL	60068-3937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y = Y
08	/	27	/	2016

Transaction ID : A977546B7DB104359B4B

Amount of Each Receipt this Period

384.62

☐ Memo Item

Payroll Deduction: \$192.31/

Full Name (Last, First, Middle Initial)

C. William McKinney

Mailing Address 3711 South Mopac Expsy

City	State	Zip Code
Austin	TX	78746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President, Fresenius Health Partners

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y = Y
08	/	27	/	2016

Transaction ID : AD240517BC1934FCABFF

Amount of Each Receipt this Period

140.00

☐ Memo Item

Payroll Deduction: \$70.00/

SUBTOTAL of Receipts This Page (optional)..... ►

755.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Cynthia L Lamunyon

Mailing Address 18121 E. Watford Dr

City

Queen Creek

State

AZ

Zip Code

85142-8490

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr. Director of Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	6

Transaction ID : AD7346CAB9B784D5789B

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/

Full Name (Last, First, Middle Initial)

B. Liam J WalshMailing Address Headquarters
920 Winter Street

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1206.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	6

Transaction ID : A1BBA7409385643FD890

Amount of Each Receipt this Period

134.00

☐ Memo Item

Payroll Deduction: \$67.00/

Full Name (Last, First, Middle Initial)

C. Catherine Dubinsky

Mailing Address 229 Wellman Ave

City

North Chelmsford

State

MA

Zip Code

01863-1362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Operations Integrity

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	6

Transaction ID : A1950763D17874334925

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll Deduction: \$38.46/

SUBTOTAL of Receipts This Page (optional)..... ►

240.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Michelle CowensMailing Address 333 Grant Ave
#708

City	State	Zip Code
San Francisco	CA	94108-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President, Physician Practice Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y = Y
08	/	27	/	2016

Transaction ID : AFA46082D45254564A08

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

B. Gordon K Jee

Mailing Address 30 Union Street Unit 3

City	State	Zip Code
Newburyport	MA	01950-3235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr Manager, Product Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y = Y
08	/	27	/	2016

Transaction ID : A2E3A77B6987B420ABDC

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

C. Edda B SpinelliMailing Address 3333 West Highway
Suite 101

City	State	Zip Code
Newport Beach	CA	92663

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y = Y
08	/	27	/	2016

Transaction ID : A660849A326E9443A90A

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/

SUBTOTAL of Receipts This Page (optional)..... ►

155.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Maria N Burke

Mailing Address 5049 Oxfordshire Rd

City

Waxhaw

State

NC

Zip Code

28173-7324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	7		2	0	1	6		

Transaction ID : A2352A6D8EB1C408CAA2

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/

Full Name (Last, First, Middle Initial)

B. Matthew D KinserMailing Address 1550 W McEwen Drive
Suite 500

City

Franklin

State

TN

Zip Code

37067-1731

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	7		2	0	1	6		

Transaction ID : AA3B99C385DFB4C47947

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

C. Terri W Carlton

Mailing Address 650 Dairy Road

City

Nebo

State

NC

Zip Code

28761-6860

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	7		2	0	1	6		

Transaction ID : A887BB70201DF439CB87

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Donna R Painter

Mailing Address 5215 North O'Connor Blvd.
 11th Floor

City State Zip Code
 Irving TX 75039-3713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 27 2016

Transaction ID : A94E5DA2105D147D59A3

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/

Full Name (Last, First, Middle Initial)

B. Elizabeth A Britton

Mailing Address 2559 Hitchcock Street

City State Zip Code
 Henderson NV 89052-4929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RN, Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 27 2016

Transaction ID : A08C51591763B40F08F8

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/

Full Name (Last, First, Middle Initial)

C. Stephanie L DeFranco

Mailing Address 525 Sycamore Drive

City State Zip Code
 Milpitas CA 95035-7429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, New Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 27 2016

Transaction ID : A00DDF51C8E08498A8A9

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll Deduction: \$38.46/

SUBTOTAL of Receipts This Page (optional)..... ►

136.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Robert Peter Loeper

Mailing Address 4631 Woodland Corporate Blvd
Suite 113

City Tampa State FL Zip Code 33614-2416

FEC ID number of contributing federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 27 / 2016

Transaction ID : AA27C6578865D4A79834

Amount of Each Receipt this Period

76.92

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

B. Brian Silva

Mailing Address 6 Nelson Circle

City Bedford State MA Zip Code 01730-1096

FEC ID number of contributing federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
SVP, Human Resources & Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

08 / 27 / 2016

Transaction ID : A28AA409E359947AB843

Amount of Each Receipt this Period

384.62

☐ Memo Item

Payroll Deduction: \$192.31/

Full Name (Last, First, Middle Initial)

C. Jayanta Ray

Mailing Address 12277 Lazio Ln

City Frisco State TX Zip Code 75035-2225

FEC ID number of contributing federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 27 / 2016

Transaction ID : A1692F6655483458196D

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

511.54

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Grant Asay

Mailing Address 1421 Champion Forest Ct

City

Wheaton

State

IL

Zip Code

60187-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	6

Transaction ID : A66F90C3D116647EE9C3

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

B. Charles E Stieber-Brown

Mailing Address 4640 Glen Coe Street

City

Leesburg

State

FL

Zip Code

34748-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	6

Transaction ID : AEFB0B77AB7E34963857

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

C. Nelson A Coimbre

Mailing Address 229 Candia Avenue

City

Coral Gables

State

FL

Zip Code

33134-7309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Construction Estimator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	6

Transaction ID : A9E74D28A572840038B3

Amount of Each Receipt this Period

34.62

☐ Memo Item

Payroll Deduction: \$17.31/

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

113.08

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Michael J Ramsey

Mailing Address Headquarters

920 Winter Street

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	6

Transaction ID : A418E450B958D4ED5860

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

B. William M Perry

Mailing Address 26 Wadsworth Road

City

Ashland

State

MA

Zip Code

01721-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	6

Transaction ID : A67299C64F26B43548A0

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/

Full Name (Last, First, Middle Initial)

C. Geoff Higginbotham

Mailing Address 7581 NW 23rd Street

City

Pembroke Pines

State

FL

Zip Code

33024-1036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Finance RECS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	6

Transaction ID : A9670DFA9E35F4DDCA37

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

SUBTOTAL of Receipts This Page (optional)..... ►

126.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Nicole A DevoreMailing Address 801 Pennsylvania Ave
Suite 255

City	State	Zip Code
Washington	DC	20004-3637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NAOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		27		2016

Transaction ID : AB87D996379D64845ADF

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

B. Michelle Gazella

Mailing Address 545 Gamble Road

City	State	Zip Code
Oakdale	PA	15071-3013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NAOccupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		27		2016

Transaction ID : AA3AAD786CD184A28B24

Amount of Each Receipt this Period

27.00

☐ Memo Item

Payroll Deduction: \$13.50/

Full Name (Last, First, Middle Initial)

C. John Baldasaro

Mailing Address 57 Valencia Lane

City	State	Zip Code
Clifton Park	NY	12065-5827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NAOccupation
VP ITG Revenue Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		27		2016

Transaction ID : ACC3DA0E88645461F97E

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/

SUBTOTAL of Receipts This Page (optional)..... ►

115.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Gregory S Garza

Mailing Address 2020 East First Street
Suite 110

City State Zip Code
Santa Ana CA 92705-4029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President Integrated Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2016

Transaction ID : A98EE8A67807E439EA69

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

B. Steven D Shaw

Mailing Address 4 Summit Road

City State Zip Code
Southborough MA 01772-1733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President, HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2016

Transaction ID : ACBE9BDF4BA4C40449E8

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

C. Kathleen M Kawa

Mailing Address 90 Glacier Drive

City State Zip Code
Westwood MA 02090-1818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Director of Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2016

Transaction ID : A1F4E27299E194E42A62

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Douglas S Maggio

Mailing Address 194 Slate Dr

City	State	Zip Code
Buford	GA	30518-1662

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Director Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2016

Transaction ID : A118B62DD50074BDDA83

Amount of Each Receipt this Period

23.10

☐ Memo Item

Payroll Deduction: \$11.55/

Full Name (Last, First, Middle Initial)

B. Drew D David

Mailing Address 2282 Floral Ridge Drive

City	State	Zip Code
Dacula	GA	30019-7214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Market Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2016

Transaction ID : A6D74117A7A2548DA831

Amount of Each Receipt this Period

23.08

☐ Memo Item

Payroll Deduction: \$11.54/

Full Name (Last, First, Middle Initial)

C. Carrol A ErnstMailing Address 4502 West Indian School Rd
Ste A4-11

City	State	Zip Code
Phoenix	AZ	85031-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2016

Transaction ID : AAD6F3C29D16A4327A74

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$38.46/

SUBTOTAL of Receipts This Page (optional)..... ►

84.64

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Jessica Orlando

Mailing Address 651 Ladd Street

City

Lehigh Acres

State

FL

Zip Code

33974-4621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.54

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2016

Transaction ID : A1C27496B47D740889A2

Amount of Each Receipt this Period

23.06

☐ Memo Item

Payroll Deduction: \$11.53/

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

23.06

5737.36

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. BB&T Bank

Mailing Address 317 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003-1148

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08		22		2016

Transaction ID : B2621D881BE8A459FBA3

Amount of Each Disbursement this Period

36.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Amount of Each Disbursement this Period

--

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

36.00

36.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. BOUSTANY FOR SENATE INC

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08		03		2016

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598-0126

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Charles W. Boustany Jr.

Office Sought:	Disbursement For: 2016
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	

State: LA District:

Category/
Type**Transaction ID : BF9E6047B28B449A4BF9**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BOUSTANY FOR SENATE INC

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08		03		2016

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598-0126

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Charles W. Boustany Jr.

Office Sought:	Disbursement For: 2016
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	

State: LA District:

Category/
Type**Transaction ID : B558A72BAA5014445B33**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	

State: District:

Category/
Type

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

10000.00
